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## BIB DATA SHEET

CONFIRMATION NO. 8835

|  |   |                                   |   |   |                                |
|--|---|-----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/582,140   | <b>FILING or 371(c) DATE</b><br>06/08/2006<br><b>RULE</b>   | <b>CLASS</b><br>351               | <b>GROUP ART UNIT</b><br>2877   | <b>ATTORNEY DOCKET NO.</b><br>0604-1013 |                                |
| <b>APPLICANTS</b><br>Fabien Divo, Charenton, FRANCE;<br>Cedric Lemaire, Charenton, FRANCE;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR04/02827 11/04/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 0314462 12/10/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>02/09/2007 |   |                                   |   |   |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /AMANDA H MERLINO/<br>Acknowledged Examiner's Signature   | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWINGS</b><br>5   | <b>TOTAL CLAIMS</b><br>19               | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>YOUNG & THOMPSON<br>209 Madison Street<br>Suite 500<br>ALEXANDRIA, VA 22314<br>UNITED STATES   |   |                                   |   |   |                                |
| <b>TITLE</b><br>Device for automatically detecting markings on an ophthalmic lens  |   |                                   |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |